



# TOWN OF LOS GATOS

## YOUTH COMMISSION APPLICATION

Submit to: Office of the Town Clerk  
110 East Main Street, P.O. Box 949, Los Gatos, CA 95031  
Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: [clerk@losgatosca.gov](mailto:clerk@losgatosca.gov)

**Please type or print legibly**

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
_____	Fax: _____
Email: _____	_____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	

*\* If appointed, this information will be made available to the public.*

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates

Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates

Schools Attended/Attending	Grade Level will be attending for fall school year.	

A separate application is required for each Commission. Please list other Commissions you are applying to:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1. Why do you want to be on the Youth Commission? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Tell us about your skills, experience or interests that you feel would assist us in considering your application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Please list your current commitments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How many weekday hours per month would you be able to commit to the Youth Commission? Please circle one or fill in "other."  
1-3 hours  
4-6 hours  
7-9 hours  
10+ hours  
Other \_\_\_\_\_
5. What do you see as important issues for the youth in Los Gatos? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What, if any, career interests do you have at this time? \_\_\_\_\_  
\_\_\_\_\_
7. What grade will you be entering in fall 2005? \_\_\_\_\_

